
OLR Bill Analysis

SB 2

AN ACT CONCERNING THE MENTAL, PHYSICAL AND EMOTIONAL WELLNESS OF CHILDREN.

TABLE OF CONTENTS:

§§ 1 & 13-14 — SOCIAL WORK LICENSURE

For FY 24, requires the Department of Public Health to hire a full-time employee, by January 1, 2024, to assist in licensing clinical and master social workers; reduces initial social worker license fees; and requires social workers to renew their licenses biennially, rather than annually

§§ 2-3 — SANCTUARY LIBRARIES

Allows a municipality to designate its principal public library as a “sanctuary public library” and makes these libraries eligible to receive certain state library grants

§§ 4-5 — PAYMENT TO BIRTH TO THREE PROGRAM EARLY INTERVENTION SERVICE PROVIDERS

Makes permanent the \$200 general administrative payment the Office of Early Childhood commissioner must make to Birth-to-Three program early intervention service providers for each child with an individualized family service plan that accounts for less than nine service hours during the billing month

§§ 6-7 — INDIVIDUALIZED FAMILY SERVICE PLANS

Requires each individualized family service plan to be translated into and provided in Spanish for any family whose primary language is Spanish; requires an eligible child whose primary language is Spanish to receive early intervention services from Spanish-speaking personnel and coordinators

§§ 8-9 — MENTAL HEALTH WELLNESS DAY

Requires employers to permit service workers to use accrued paid sick leave to take a mental health wellness day to attend to their emotional or psychological well-being

§ 10 — MEDICAID REIMBURSEMENT FOR SCHOOL-BASED MENTAL HEALTH ASSESSMENTS

Requires the Department of Social Services commissioner to (1) provide, to the extent federal law allows, Medicaid reimbursement for certain mental health evaluations and services at school-based health centers or public schools; (2) if necessary, amend the Medicaid state plan to do so; and (3) set the reimbursement at a level to ensure adequate providers for these evaluations and services

§§ 11-13 — OFFICE OF THE BEHAVIORAL HEALTH ADVOCATE

Establishes the Office of the Behavioral Health Advocate within the Insurance Department for administrative purposes only, to advocate for and assist behavioral and mental health care providers

§ 15 — TASK FORCE TO STUDY CHILDREN’S NEEDS

Expands the duties of the Task Force to Study Children’s Needs to include reviewing and analyzing certain programs that received pandemic-related federal funding and make recommendations on which programs should receive a more permanent funding structure

§§ 16 & 18 — DSS HUSKY HEALTH CHILD ENROLLMENT

Requires DSS, for FY 24, to hire temporary and part-time employees to collaborate with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program; allocates to DSS \$150,000 in federal American Rescue Plan Act funds for the hiring

§§ 17 & 19 — SERVICES FOR AT-RISK TEENAGE STUDENTS

Requires the State Department of Education, for FY 24, to hire a full-time employee to award a grant to, and collaborate with, a nonprofit organization specializing in identifying and providing services to certain at-risk teenage students; allocates \$15,000 in federal American Rescue Plan Act funds for the hiring

§§ 1 & 13-14 — SOCIAL WORK LICENSURE

For FY 24, requires the Department of Public Health to hire a full-time employee, by January 1, 2024, to assist in licensing clinical and master social workers; reduces initial social worker license fees; and requires social workers to renew their licenses biennially, rather than annually

The bill reduces the initial license fees for social workers as follows:

1. from \$315 to \$200 for clinical social workers and
2. \$220 to \$150 for master social workers.

It also requires social workers to renew their licenses every two years, instead of annually as under current law.

Under existing law, unchanged by the bill, clinical and master social workers must pay a \$195 license renewal fee.

Additionally, for FY 24, the bill requires the Department of Public Health, by January 1, 2024, to hire a full-time employee to assist in licensing these social workers.

EFFECTIVE DATE: July 1, 2023

§§ 2-3 — SANCTUARY LIBRARIES

Allows a municipality to designate its principal public library as a “sanctuary public library” and makes these libraries eligible to receive certain state library grants

By law, a municipality may have multiple public libraries, but its governing board must designate one as its principal public library. The bill allows a municipality to also designate its principal public library as a “sanctuary public library,” which means that the library does the following:

1. makes available and lends books that have been banned, censored, or challenged by a person, organization, or entity and any related library materials and
2. does not prohibit or otherwise limit the availability of books or related library materials by banning, censoring, or challenging them.

In doing so, the bill extends eligibility for annual state operating, equalization, and incentive grants to these sanctuary public libraries.

Under current law, the State Library Board appropriates funds to each principal public library. After appropriating each library a \$1,200 base operating grant, the board uses 60% of the remaining funds for equalization grants and 40% for incentive grants to the libraries. The bill limits eligibility for incentive grants to only sanctuary public libraries instead of any principal public library, as under current law.

EFFECTIVE DATE: July 1, 2023

§§ 4-5 — PAYMENT TO BIRTH TO THREE PROGRAM EARLY INTERVENTION SERVICE PROVIDERS

Makes permanent the \$200 general administrative payment the Office of Early Childhood commissioner must make to Birth-to-Three program early intervention service providers for each child with an individualized family service plan that accounts for less than nine service hours during the billing month

The bill makes permanent the \$200 general administrative payment the Office of Early Childhood commissioner must make to certain Birth to Three early intervention service providers that will sunset under current law on June 30, 2024.

Under the bill and current law, the commissioner must make these payments to providers for each child (1) with an individualized family

service plan on the first day of the billing month and (2) whose plan accounts for less than nine service hours during the billing month, as long as the provider delivers at least one service during the month.

EFFECTIVE DATE: July 1, 2023

§§ 6-7 — INDIVIDUALIZED FAMILY SERVICE PLANS

Requires each individualized family service plan to be translated into and provided in Spanish for any family whose primary language is Spanish; requires an eligible child whose primary language is Spanish to receive early intervention services from Spanish-speaking personnel and coordinators

The bill requires Birth to Three program individualized family service plans to be translated into and provided in Spanish for any family whose primary language is Spanish.

By law, eligible children in the program (see BACKGROUND), and their families, must generally receive a (1) multidisciplinary assessment, (2) written individualized family service plan, and (3) review of the plan within set timeframes.

Additionally, the bill requires an eligible child whose primary language is Spanish to receive early intervention services from Spanish-speaking personnel and a Spanish-speaking service coordinator.

Background — Birth to Three Eligibility

By law, an “eligible child” for the Birth to Three program is a child up to age 36 months, who is not eligible for special education and related services and who needs early intervention services because he or she is (1) experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures or (2) diagnosed as having a physical or mental condition that has a high probability of resulting in a developmental delay (CGS § 17a-248(4)).

EFFECTIVE DATE: July 1, 2023

§§ 8-9 — MENTAL HEALTH WELLNESS DAY

Requires employers to permit service workers to use accrued paid sick leave to take a mental health wellness day to attend to their emotional or psychological well-being

The bill requires employers to allow service workers to use accrued

paid sick leave for a “mental health wellness day” to attend to their emotional or psychological well-being.

Existing law already allows service workers to use paid sick leave for their, or their spouse’s or child’s (1) illness, injury or health condition; (2) medical diagnosis, care, or treatment of a physical or mental illness, injury, or health condition; or (3) preventive care.

The bill applies to specified service worker occupations covered by existing law (e.g., certain food, health care, hospitality, retail, and sanitation industry workers).

EFFECTIVE DATE: October 1, 2023

§ 10 — MEDICAID REIMBURSEMENT FOR SCHOOL-BASED MENTAL HEALTH ASSESSMENTS

Requires the Department of Social Services commissioner to (1) provide, to the extent federal law allows, Medicaid reimbursement for certain mental health evaluations and services at school-based health centers or public schools; (2) if necessary, amend the Medicaid state plan to do so; and (3) set the reimbursement at a level to ensure adequate providers for these evaluations and services

The bill requires the Department of Social Services (DSS) commissioner, to the extent allowed under federal law, to provide Medicaid reimbursement for suicide risk assessments and other mental health evaluations and services provided at a school-based health center or public school.

Under the bill, the commissioner must also (1) amend the Medicaid state plan, if necessary to provide the reimbursement and (2) set the reimbursement at a level that ensures an adequate pool of providers to provide the assessments, evaluations, and services.

EFFECTIVE DATE: July 1, 2023

§§ 11-13 — OFFICE OF THE BEHAVIORAL HEALTH ADVOCATE

Establishes the Office of the Behavioral Health Advocate within the Insurance Department for administrative purposes only, to advocate for and assist behavioral and mental health care providers

The bill establishes the Office of the Behavioral Health Advocate to advocate for and assist behavioral health providers. The office is within

the Insurance Department for administrative purposes only and under the direction of the Behavioral Health Advocate.

Under the bill, the office is staffed by up to three people and may increase its staff as its resources and requirements allow.

Behavioral Health Advocate

The bill requires the advocate to be a Connecticut elector who is appointed by the governor and approved by the General Assembly. The advocate must have expertise and experience in mental or behavioral health care, health insurance, and advocacy for parity in mental and behavioral health access and outcomes.

Under the bill, if the General Assembly is not in session when the governor designates a candidate to serve as advocate, the candidate serves as the acting advocate until the General Assembly meets and confirms them. The acting advocate is entitled to compensation and has all the powers, duties, and privileges of the advocate.

Under the bill, the advocate serves a four-year term that excludes any time he or she served as acting advocate. The governor may reappoint the advocate or the advocate must remain in the position until a successor is confirmed.

In the case of a vacancy, the office's most senior attorney serves as the acting advocate until the vacancy is filled.

Office Powers

Under the bill, the office may do the following:

1. assist state-licensed, -certified, or -registered mental and behavioral health care providers with receiving payments for claims submitted to health carriers (i.e., insurers and HMOs) for services provided to covered patients;
2. provide information to the public, agencies, legislators, and others on mental and behavioral health care providers' problems and concerns and make recommendations to resolve them;

3. analyze and monitor the development and implementation of federal, state and local laws, regulations, and policies relating to mental and behavioral health care providers and recommend changes as necessary;
4. facilitate public comment by mental and behavioral health care providers on laws, regulations and policies, including health carrier policies and actions;
5. coordinate services with the Office of the Healthcare Advocate (OHA) to help people obtain access to, and coverage for, mental and behavioral health care services to fulfill OHA's duties;
6. ensure that mental and behavioral health care providers have timely access to the office's services;
7. establish a toll-free number, or other free calling option, that allows access to the office's services;
8. pursue administrative remedies on behalf of, and with the consent of, mental and behavioral health care providers;
9. adopt regulations to implement the bill's provisions; and
10. take any other actions necessary to fulfill the office's purposes.

Referrals to the Insurance Department

The bill requires the office to make a referral to the Insurance commissioner if it finds that a health carrier may have engaged in a pattern or practice that violates the following insurance laws:

1. compliance with federal Health Insurance Portability and Accountability Act provisions on guaranteed renewability and certification of insurance coverage and
2. state coverage requirements for individual policies on autism spectrum disorder therapies, diagnosing and treating mental or nervous conditions, court-ordered substance abuse services, mental health and substance use disorder benefits, mental health

wellness examinations, Collaborative Care Model services, acute inpatient psychiatric services, and continued coverage for children with a mental or physical handicap.

Requests for Information

The bill requires all state agencies to comply with the office’s reasonable requests for information and help in performing its duties.

Reporting Requirements

The bill requires the Behavioral Health Advocate to report annually, starting by January 1, 2024, to the Children’s, Public Health, and Insurance and Real Estate committees on the office’s activities, including the following:

1. the subject matter, disposition, and number of claims the advocate processed on behalf of mental and behavioral health care providers;
2. common problems and concerns the advocate discerned from mental and behavioral health care providers or other relevant sources; and
3. the need, if any, for administrative, legislative, or executive remedies to assist mental and behavioral health care providers.

EFFECTIVE DATE: July 1, 2023

§ 15 — TASK FORCE TO STUDY CHILDREN’S NEEDS

Expands the duties of the Task Force to Study Children’s Needs to include reviewing and analyzing certain programs that received pandemic-related federal funding and make recommendations on which programs should receive a more permanent funding structure

The bill expands the duties of the Task Force to Study Children’s Needs (see BACKGROUND) to include reviewing and analyzing the efficacy of programs designed to assist and support the needs of children and families that have received and spent funds they received pursuant to the following federal laws:

1. Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136);

2. Coronavirus Response and Relief Supplemental Appropriations Act (P.L. 116-260); and
3. American Rescue Plan Act of 2021 (P.L. 117-2).

Based on its analysis, the bill requires the task force to make recommendations on which programs should receive a more permanent funding structure from the state.

Under current law, the task force must also, among other things (1) recommend new programs or changes to programs run by educators or local or state agencies to better address children’s needs, (2) identify and advocate for funds and other resources to meet children’s needs in the state, and (3) study the feasibility of adjusting school start times to improve students’ mental and physical well-being.

Background — Task Force to Study Children’s Needs

PA 21-46 established the task force to study the comprehensive needs of children in the state and the extent to which these needs are being met by educators, community, members, and local and state agencies. The task force originally terminated on January 1, 2022, but was reconvened by PA 22-81. It must submit its findings and recommendations to the Children’s Committee by January 1, 2024, and terminates on that date or the date it submits the report, whichever is later.

§§ 16 & 18 — DSS HUSKY HEALTH CHILD ENROLLMENT

Requires DSS, for FY 24, to hire temporary and part-time employees to collaborate with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program; allocates to DSS \$150,000 in federal American Rescue Plan Act funds for the hiring

The bill requires DSS, for FY 24, to hire temporary and part-time employees responsible for collaborating with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program.

For FY 24, it allocates to DSS \$150,000 in federal American Rescue Plan Act of 2021 funds to hire these employees.

EFFECTIVE DATE: Upon passage, except that the provision requiring DSS to hire employees takes effect July 1, 2023.

§§ 17 & 19 — SERVICES FOR AT-RISK TEENAGE STUDENTS

Requires the State Department of Education, for FY 24, to hire a full-time employee to award a grant to, and collaborate with, a nonprofit organization specializing in identifying and providing services to certain at-risk teenage students; allocates \$15,000 in federal American Rescue Plan Act funds for the hiring

For FY 24, the bill requires the State Department of Education (SDE) to hire one full-time employee responsible for awarding a grant to, and collaborating with, a nonprofit organization specializing in identifying and providing services for at-risk teenage students with depression, anxiety, substance abuse struggles, and trauma and conflict-related stresses. The organization must use the grant to train school behavioral health providers to provide them services.

The bill allocates \$15,000, for FY 24, to SDE from the federal funds the state received under the American Rescue Plan Act of 2021 (P.L. 117-2) to fund the awarding of a grant to a nonprofit organization to train school behavioral health providers to identify and provide services for these students.

EFFECTIVE DATE: July 1, 2023

COMMITTEE ACTION

Committee on Children

Joint Favorable

Yea 13 Nay 6 (02/28/2023)